

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002166

1. Entity Name

PLAN FOR SOCIAL EXCELLENCE, INC.

Principal Place of Business

Mailing Address

2502 ROCKY POINT DRIVE, STE 880
TAMPA FL 33607

2502 ROCKY POINT DRIVE, STE 880
TAMPA FL 33607-1447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-6082681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PENA, MARIO J
2502 ROCKY POINT DR
TAMPA FL 33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KOHLBERG, JAMES A
STREET ADDRESS 111 RADIO CIRCLE
CITY-ST-ZIP MT KISCO NY

TITLE ST ☐ Delete
NAME FARLEY, WALTER W
STREET ADDRESS 111 RADIO CIRCLE
CITY-ST-ZIP MT KISCO NY

TITLE VD ☐ Delete
NAME PENA, MARIO J
STREET ADDRESS 2502 ROCKY POINT DR., STE 880
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME CAPONE, EILEEN
STREET ADDRESS 111 RADIO CIRCLE
CITY-ST-ZIP MT KISCO NY

TITLE D ☐ Delete
NAME KOHLBERG, SUZANNE
STREET ADDRESS 111 RADIO CIRCLE
CITY-ST-ZIP MT KISCO NY

TITLE D ☐ Delete
NAME HONAN, JAMES P
STREET ADDRESS 46 KIRKLAND CIRCLE
CITY-ST-ZIP WELLESLEY MA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Hloy Pena
STREET ADDRESS 2780 Valencia Lane West
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

813-282-1886

Date

Daytime Phone #